### FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign **Disclosure Board** 

510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

# DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees ETHICS AND for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effection May 1, 2010, all statements and reports for State PACs and State 19 Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) committee to Re-elect Mary Benton Guthrie County IMPORTANT: Indicate by # type of committee you are reporting for: 5 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 12/2009) REPORT 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( For Office Use Only 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Scanned Democrat Computer Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. aus Es. M. Colloch I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) ..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

#### CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM The Committee to Re-elect Mary Benton Guthrie County Attorney STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD. NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD. CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees. DATE PAC ID NUMBER NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP AMOUNT IF FOR RECEIVED (if applicable) TO CANDIDATE\* RECEIVED FUND. (MM/DD/YR) AND PAC CHECK (if applicable) RAISER NUMBER INCOME ID# \$ CK# None ID# CK# SUB-TOTAL TOTAL (if last page of this schedule) \* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no of familial relationship, enter "not applicable" in the relationship column. (for Schedule A)

SCHEDULE

Α

(Rev. 07/03)

MONETARY

**RECEIPTS** 

Reset Form

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN** 

(Including candidate's personal funds)

FOR INSTRUCTIONS.	SEE BACK OF FORM
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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be	same as on	Statement	of Organization)
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The Committee to Re-elect Mary Benton Guthrie County Attorney

Incom		e-elect Mary Denton Gut	THE COUNTRY MAIDINEY	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	1 1 -1 1 - Diblich	2.2	
1/5/11	CK#	Central Iowa Publishi 409 Mainst, Po Box 13 Bayard, IA 50029	Campaign Ad	\$ 27.00
	ID#	Guthrie Center Times		
1/5/11	CK#	Po Box 217 Guthrie Center, IA Soils	Campaign Ad	21.00
	ID#	· -		
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	CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

48.00

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	of		

The Comm	NAME (Must be same as on Statement of Organization)  NITTEL TO RE-ELECT MARY BENTON GUTHE  DIEVIOUSly reported that remain unpaid must be included on this	ie County Attorney Reset Form	IF A	TECK THIS BOX AMENDING
DEBTS/OBI	ule, as well as any new obligations incurred in this period.  LIGATIONS REMAINING THIS REPORTING PERIORICLUDE LOANS – SHOW LOANS ON SCHEDULE I		An "incurred goods or se received, bu end of the regardless of has been re	
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED	R	ALANCE OWED AT CLOSE OF REPORTING PERIOD*
	None		\$	
			-TOTAL \$	
	TOTAL DEBTS OWED BY COMMITTEE AT T	HE END OF THIS REPORTING F	Ĺ	, ,
*If actual figure is	unknown, show "estimated" beside the figure.		Page	/ of /

SCHEDULE

(for Schedule D)

FOR INSTRUCTIONS, SEE BACK OF FORM

CANDIDATE COMMITTEES NOTE:
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS.	SEE BACK OF	<b>FORM</b>

COMMITTEE NAME (Must be same as on State	ment of Organization)
The Committee to Re-elect Mar	y Benton Guthrie County Attorney

SCHEDULE <b>E</b>	IN-KIND
(Rev. 06/97)	CONTRIBUTIONS
	CTHIS BOX IF DING FORM

Reset Form

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
01/18/11	Tim Benton 505 w State St Guthrie Center, 1A 50115	Spouse	loans	\$ 3562.08	
		•	SUB-TOTAL	\$	<u> </u>
			TOTAL (if last page of this schedule)	\$ 35b2.08	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_(for Sc hedule E)

	ust be same as on Statement of Organization) to Re-elect Mary Benton Guthrie		F LOA RECE & REP
	eports money loaned to the committee which is deposited in S FROM <u>LAST</u> REPORTING PERIOD \$		CHECK THIS BO AMENDING FOR
RT I - MONETARY I (Original sourc	LOANS RECEIVED <u>THIS</u> REPORTING PERIOD co of loan, such as a bank, must be shown if a third party is	involved. Include loans from candida	ite's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	None		\$
		TOTAL (PART I)	\$
	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOR	<b>D</b> s.)	
RT II - MONETARY (Loans forgiv	ren must be reported on Schedule E – In-kind Contributions	7	

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
1/19/11	Tim Benton 505 w State St Guthrie Center, 1A 50115	Spouse	118.35

TOTAL CASH REPAYMENT	TS (PART II)	s_//8.35
From Schedule E TOTAL LOANS F	ORGIVEN	s 3562.
TOTAL OUTSTANDING LOANS END OF REPO	ORT PERIOD	\$ 0.0C
*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.	Page	/ of _/